NFIP CO-OP ADVERTISING APPROVAL APPLICATION APRIL 2001 - MARCH 2002

(Please print) Name			IARCH 200	-		
Company N	Name					
Address		City		State	Zip	
Phone ()	Fax ()	E-Mail		
•	erson or agency rsement check w	ill be made o	out to:			
BE APPR	ANT: THIS APF OVED BEFORE E, YOU MIGHT I	THEY RUI	N. IF WE D	O NOT REC		MUST
March 31, 2	2002. TV and rac	lio spots mu	st air by or o	n March 31,	ear in print by or on 2002. All invoices, te r than April 31, 2002.	
Co-op Adve	naximum amount the rtising Program bet a full line for each	ween April 20	001 and March		from the NFIP	
Ad#	Name of Medium		Date of Ad	Size of Ad	Cost of Each A	d
1						
2						
3						
4						
5						
6						
For Office U	-					
Approved By	/ :				TOTAL =	
Date: Amount Ear	markod:					
		nation to:				
	d or fax this appli	calion to:				٦
NFIP Co-op Advertising			aturo			
Manager c/o Bozell, Inc., 9 th Floor		Your Signature				
28 West 23rd Street		Date				
New York,						

ALLOW 2 WEEKS FOR PROCESSING. If you have questions, please call 1-800-564-8236

Fax: (212)727-5719